

REMOTE ACCESS SERVICE REQUEST
Michigan Department of Information Technology

SECTION I – EMPLOYEE INFORMATION (CARD HOLDER)

1. Last Name		First Name		Init	2. Email Address	
3. Agency / Office / Division / Section / Unit						
4. Business Street Address			5. Business City		State	Zip
6. Business Phone No. ()		Extension		7. Last 4 digits SS#		8. Birth Date (month & day only-mmdd)
9. State User Access <input type="checkbox"/> State Employee <input type="checkbox"/> Contractor / Company Name				10. Vendor Access Vendor Company Name		

SECTION II – SERVICE REQUESTED

1. Access Requested		<input type="checkbox"/> SecurID Only	<input type="checkbox"/> Dial-in		<input type="checkbox"/> VPN	If checked, VPN Group _____		<input type="checkbox"/> Both
<input type="checkbox"/> User GW-to-GW - RGWSUVPN		<input type="checkbox"/> Vendor GW-to-GW - RGWVVPN		Labor Units	Code	NLROAM		
2. Firewall Access requested: Destination, TCP/IP Port								
3. Change Access Type – Existing assigned token only								
Add:	<input type="checkbox"/> Dial-in/ROAM	<input type="checkbox"/> VPN						
Remove:	<input type="checkbox"/> Dial-in/ROAM	<input type="checkbox"/> VPN						
4. Reissue – No Division Approval required for reissue <input type="checkbox"/> Reissue								
5. Cancel Token (Check appropriate reason)		<input type="checkbox"/> Lost	<input type="checkbox"/> Expired		6. Token Serial # / Tunnel Name			
		<input type="checkbox"/> No longer needed	<input type="checkbox"/> Defective / Damaged					

SECTION III – DIVISION APPROVAL

1. Division Approver Name William Timmer		2. Telephone Number (517) 322-1658	
3. Division Approver Signature		Date	

SECTION IV – DEPARTMENT SECURITY ADMINISTRATOR APPROVAL

1. Security Administrator Name Terri Smith		2. Telephone Number (517) 336-6351	
3. Security Administrator Approval Signature		Date	

SECTION V – BILLING INFORMATION

1a. Ag Code 551	1b. Index	1c. PCA	1d. COBJ	1e. AOBJ	1f. Project #	1g. Prj Ph	1h. Grant #	1i. Grt Ph	1j. Ag 1	1k. Ag 2	1l. Ag 3
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When the above information has been completed, fax this form to (517) 241-8016.

HELP DESK USE ONLY

1. Ticket Number	2. Assigned by:	3. Date
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NOC SECURITY USE ONLY – NEW CARD

4. Token Serial #	5. SecurID Administrator Signature (Required)	6. Start Date
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NOC SECURITY USE ONLY – CANCEL CARD Note: DIT will continue to charge Agency until card is returned or reported lost

7. Token Received by Signature	8. End Date
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